



**Non-Refundable** Application Fee \$50.00

Tax Incentive Application # \_\_\_\_\_

**City of Rockford, Illinois  
Tax Incentive Program (TIP)  
Phone: (815) 987-5600**

Filed in Conjunction With Applications for Permits:

Mail To: City of Rockford  
Department of Community Development  
425 East State Street  
Rockford, IL 61104

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:** A separate application must be filed for each property.

**SECTION I – APPLICANT / PROPERTY INFORMATION**

Owner / Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Property Address: \_\_\_\_\_

Check the appropriate box:

In which TIF is this property currently located:

- ☐ East Side    ☐ North Main / Auburn    ☐ Garrison    ☐ Seventh Street    ☐ SE Affordable Housing  
☐ West Side I    ☐ West Side II    ☐ Jackson School    ☐ West State & Central    ☐ Hope VI    ☐ South Rockford

I certify this property is ☐ is not ☐ a registered Illinois Landmark.

I certify this property has ☐ has not ☐ been determined by the Illinois Historic Preservation Agency to contribute to the significance of a registered historic district.

Does this property have any known historical significance? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II – BUILDING / STRUCTURE INFORMATION**

Property Code # / Parcel PIN # \_\_\_\_\_ Estimated Cost of Rehabilitation: \$ \_\_\_\_\_

Estimated Cost of New Construction: \$ \_\_\_\_\_

Current Status: ☐ Residential    ☐ Other (Specify): \_\_\_\_\_

How long has the property been vacant? \_\_\_\_\_ Months / years (Attach supporting documentation)

Submit data relative to alteration or conversion:

Square foot area: \_\_\_\_\_ Number of apartments: \_\_\_\_\_ Number of rooms: \_\_\_\_\_

Has an application been made for any other City of Rockford / Winnebago County program, either residential or commercial? ☐ Yes    ☐ No

If "Yes," what program(s)? \_\_\_\_\_

Description of Work (attach plans, drawings and work item list if available). If "Green Construction" is being used on new construction projects, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III –  
CERTIFICATION**

I certify that the statements contained in this application, including any attachments to the application, are to the best of my knowledge, both correct and true.

Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed Name) (Signature)

How did you find out about this program? (check one)

☐ Television ☐ Utility Bill ☐ City Agency ☐ Newspaper ☐ Other:

Would you have rehabilitated your property if this program was not in place? ☐ Yes ☐ No

Properties with outstanding property taxes, water and sewer charges or other municipal charges in arrears are ineligible to receive benefits. All submitted applications for the reimbursement of property taxes are subject to review in accordance with the laws and policies of the State of Illinois and the policies and procedures of the City of Rockford Department of Community Development. If any information you have provided on this application changes, you must notify Community Development immediately. We recommend that you keep a copy of this application for your records.

**OFFICE USE ONLY:**

1. Fee Paid \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_

2. Date this application and permit application received by the Building Department: \_\_\_\_\_

3. Date this application received by the Township Assessor: \_\_\_\_\_

4. Are plans attached? ☐ Yes ☐ No